

**AUTHORIZATION FOR ADMINISTERING MEDICATION**  
**Release and Indemnification Agreement**

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**PART I: To be Completed by the Parent/Guardian**

*The Fairfax County Park Authority (FCPA) discourages the use of medication during program hours. IF POSSIBLE, PLEASE HAVE THE CHILD TAKE MEDICATIONS BEFORE OR AFTER PROGRAM HOURS. I hereby authorize FCPA staff to facilitate the use of medications by my child as stated on this authorization. I agree to release, indemnify, and hold harmless FCPA personnel from lawsuit, claims, expense, demand, or action against them for assisting my child with medication use, provided the staff comply with the authorized orders established below. I have read the procedures outlined on the back of this form and I assume responsibilities as required.*

Child's Name \_\_\_\_\_  
DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Check one:

- \_\_\_\_\_ Authorization for an antibiotic (10 days or less)  
\_\_\_\_\_ Authorization for an over-the-counter medication (3 days or less)  
\_\_\_\_\_ Authorization for other medications & prescriptions (**PART II MUST be completed**)

Name of medication \_\_\_\_\_ Date  
of first dosage \_\_\_\_\_ Effective from \_\_\_\_\_ to \_\_\_\_\_  
Dosage amount to administer during program hours \_\_\_\_\_  
Date(s) & times to administer \_\_\_\_\_  
Side Effects \_\_\_\_\_  
If the child will be taking more than one medication at a time, list the sequence in which medications  
should be administered \_\_\_\_\_

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<b>Parent/Guardian Signature</b>	<b>Date</b>
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**PART II: To be Completed by Physician**

Diagnosis \_\_\_\_\_

The information in Part I is accurate. Medication administration arrangements before and after program hours is not possible.

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<b>Physician's Name (print)</b>	<b>Phone</b>
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<b>Physician's Signature</b>	<b>Date</b>
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*This Authorization form is complete. The original will be placed in child's file and shall be kept for three years. A copy will be placed in the Medication Log. The parent or guardian will receive a copy upon request.*

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<b>Signature of FCPA Designee</b>	<b>Park Name and Date</b>
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**Information and Procedures  
Pill/Liquid Medications**

1. Medications should be administered at home whenever possible. All medications to be administered during program hours must have parent/guardian authorization. Some medications also require authorization by a physician. The parent/guardian must transport the medication to the park site and give to designated staff.
2. The Medication Must be properly labeled with the child's name, medication name, exact dosage to be taken, and exact time dose is to be taken. The medication must be in the original container. The form and container must match.
3. If the medication is in pill form the number of pills in the container has to correspond with the number of days and times the child will attend the program.
4. Medications other than liquid/pill, epi-pen, ear/eye drops, and inhalers will be handled on a case by case basis. Please contact Youth Services 324-8514
5. Medications may not be accepted by personnel unless the Authorization Form is completed and signed.
6. A physician may use office stationery or prescription pad in lieu of completing Part II. Required information includes: child's name, date of birth, duration, diagnosis, medication name, dosage, time to take medication, and sequence if more than one is to be taken, side effects, and physician's signature and date.
7. The first dosage of any medication must be taken at home.
8. The parent/guardian is responsible for submitting a new form each time there is a change in dosage or a change in time which medication is to be administered.
9. All medication is kept in a locked area only accessible to authorized.
10. The parent/guardian must pick unused portions of medication immediately after the effective date expires or at the end of the child's enrollment. Medications not claimed will be destroyed.
11. The Fairfax County Park Authority does not assume responsibility for unauthorized medication taken independently by the child.
12. Under no circumstances may any staff member facilitate the taking of any medications outside the procedures outlined here.